

STATE OF MAINE

SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

APPLICATION FOR LICENSURE

- Speech-Language Pathologist
- Speech-Language Pathologist/Audiologist
 - Audiologist
- Temporary Speech-Language Pathologist
 - Temporary Audiologist



Department of Professional and Financial Regulation
Office of Licensing and Registration
35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207) 624-8626
Office Facsimile: (207) 624-8637
TTY/HEARING IMPAIRED (888) 577-6690
Email: jennifer.l.mooney@maine.gov

Office located at: 122 Northern Avenue, Gardiner, Maine

Revised 2/2006

APPLICATION GUIDE FOR REGISTRATION AS A SPEECH-LANGUAGE PATHOLOGIST, SPEECH-LANGUAGE PATHOLOGIST/AUDIOLOGIST, AUDIOLOGIST, TEMPORARY SPEECH-LANGUAGE PATHOLOGIST, TEMPORARY AUDIOLOGIST

Please read all the information carefully. If you have any questions, you can contact the Board of Examiners on Speech-Language Pathology and Audiology office at (207) 624-8626 or email: jennifer.l.mooney@maine.gov

APPLICATION PROCEDURE:

- Incomplete applications will not be reviewed by the Board.
- All material pertaining to an application must be received by the Board within a span of no more than six months. Applicants whose applications have been incomplete for more than six months will be required to submit **new** applications if they wish to be considered for licensure.
- All completed applications are reviewed by the Board. All applicants will be notified in writing regarding the disposition of their application.

**** Please note:** Initial licenses issued in the 2nd year of the state's biennium (odd-numbered years) shall be for one year, and the license fee for this period shall be \$45.00. Initial licenses issued in the 1st year of the state's biennium (even-numbered years) shall be for two years, and the fee for this period shall be \$90.00. Please refer to Board Rule Chapter 7, Section 1(C)

I. APPLICATION GUIDE FOR TEMPORARY LICENSURE IN SPEECH-LANGUAGE PATHOLOGY OR AUDIOLOGY

An applicant who fulfills all the requirements for licensure except professional employment or examination may apply to the board for a temporary license. Upon receiving an application, accompanied by the fee established in Board Rule, Chapter 1, Section 5, the board shall issue a temporary license, which entitles the applicant to practice speech-language pathology or audiology under supervision while completing the requirements for licensure.

A temporary license may not be issued by the board under this section unless the applicant shows to the satisfaction of the board that the applicant is or will be supervised and trained by a person who holds a license or the Certificate of Clinical Competency of the American Speech and Hearing Association in the appropriate specialty. The temporary license shall be effective for one year and may be renewed **only once** by the Board.

ALL APPLICANTS FOR TEMPORARY LICENSURE MUST SUBMIT THE FOLLOWING:

- ☐ Completed Application for Licensure;
- ☐ Fees: All Checks/Money Orders should be made payable to the "Treasurer, State of Maine". If paying using a credit card please use the Credit Card form at the end of the application. All Fees can be in one payment;
 - **\$25.00** Application Fee
 - **\$90.00** License Fee
 - **\$15.00** Criminal History Check Fee
- ☐ Official transcript issued directly to the Board from the issuing University or College indicating a master's degree or equivalent coursework;
- ☐ Evidence of having completed 375 clock hours of supervised clinical observation and clinical practicum. Please refer to Board Rule Chapter 2, Section 1(A)(1)(a)(ii); and
- ☐ A supervisory plan that meets ASHA's clinical fellowship requirements. See board Supervisory Plan.

II. REQUIREMENTS FOR CHANGE OF STATUS

- ☐ All Checks/Money Orders should be made payable to the "Treasurer, State of Maine". If paying using a credit card please use the Credit Card form at the end of the application. All Fees can be in one payment;
 - **\$90.00** License Fee**
- ☐ Written request for Change of Status – including description of work settings since original application;
- ☐ Documentation of completion of Clinical Fellowship Year; and
- ☐ Evidence of a passing score on the examination administered by Praxis (passing score 600).

III. APPLICATION GUIDE FOR LICENSURE AS A SPEECH-LANGUAGE PATHOLOGIST OR AUDIOLOGIST

THERE ARE 3 PATHWAYS FOR LICENSURE AS A SPEECH-LANGUAGE PATHOLOGIST OR AUDIOLOGIST

PATHWAY I

- ☐ Completed Application for Licensure;
- ☐ Fees: All Checks/Money Orders should be made payable to the "Treasurer, State of Maine". If paying using a credit card please use the Credit Card form at the end of the application. All Fees can be in one payment;
 - **\$25.00** Application Fee
 - **\$90.00** License Fee**
 - **\$15.00** Criminal History Check Fee
- ☐ Official transcript issued directly to the Board from the issuing University or College indicating a master's degree or equivalent coursework;
- ☐ Evidence of having completed 375 clock hours of supervised clinical observation and clinical practicum. Please refer to Board Rule Chapter 2, Section 1(A)(1)(a)(ii);
- ☐ Evidence of Completion of Clinical Fellowship Year or equivalent supervised experience; and
- ☐ A passing score on the examination administered by Praxis. (passing score 600)

PATHWAY II

- ☐ Completed Application for Licensure;
- ☐ Fees: All Checks/Money Orders should be made payable to the "Treasurer, State of Maine". If paying using a credit card please use the Credit Card form at the end of the application. All Fees can be in one payment;
 - **\$25.00** Application Fee
 - **\$90.00** License Fee**
 - **\$15.00** Criminal History Check Fee
- ☐ Official transcript issued directly to the Board from the issuing University or College indicating a master's degree or equivalent coursework;
- ☐ Attainment of Certificate of Clinical Competence from ASHA;
- ☐ Completion of twenty-five (25) hours of continuing education during the two (2)-year period preceding submission of the application; and
- ☐ Proof of lawful employment, including self-employment, as a Speech-Language Pathologist or Audiologist, at a minimum of twenty (20) hours per week for 108 weeks during the five (5) years preceding submission of application.

PATHWAY III – LICENSED IN ANOTHER JURISDICTION

- ☐ Completed Application for Licensure;
- ☐ Fees: All Checks/Money Orders should be made payable to the "Treasurer, State of Maine". If paying using a credit card please use the Credit Card form at the end of the application. All Fees can be in one payment;
 - **\$25.00** Application Fee
 - **\$90.00** License Fee**
 - **\$15.00** Criminal History Check Fee
- ☐ Official transcript issued directly to the Board from the issuing University or College indicating a master's degree or equivalent coursework;
- ☐ Evidence of having completed 375 clock hours of supervised clinical observation and clinical practicum. Please refer to Board Rule Chapter 2, Section 1(A)(1)(a)(ii);
- ☐ Evidence of Completion of Clinical Fellowship Year or equivalent supervised experience;
- ☐ A passing score on the examination administered by Praxis (passing score 600); **or**
- ☐ Evidence of attainment of Certificate of Clinical Competence from ASHA;
- ☐ Verification of licensure; and
- ☐ Statute & Rules of sending state.



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
**Board of Examiners on Speech-Language
Pathology and Audiology**
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035
OFFICE PHONE (207) 624-8626
TTY/HEARING IMPAIRED (888) 577-6690

Office Use Only				
License #				
Cash #				
Check #				
4170	1421	\$90/\$45	SP	
4170	1422	\$90	ST	
4170	1423	\$90/\$45	PA	
4170	1425	\$90/\$45	AP	
4170	1426	\$90	AT	
4170	1446	\$25		
4170	2619	\$15		

JOHN ELIAS BALDACCI
GOVERNOR

ANNE L. HEAD
DIRECTOR

APPLICATION FOR LICENSURE

Notice regarding Social Security Number Disclosure

The following statement is made pursuant to the Privacy Act of 1974 section 7 (B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA section 175 as authorized by the Tax Reform Act of 1976 (42 USC section-405 (C) (2) (1)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 MRSA section 191.

Notice regarding Public Information

This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, mailing address and other information listed on this application may be posted on the State's website.

PLEASE CHECK ONE OF THE FOLLOWING:

- | | |
|--|--|
| <input type="checkbox"/> Speech-Language Pathologist | <input type="checkbox"/> Temporary Speech-Language Pathologist |
| <input type="checkbox"/> Speech-Language Pathologist/Audiologist | <input type="checkbox"/> Temporary Audiologist |
| <input type="checkbox"/> Audiologist | |

Please Read Application Guide Prior to Completing this Application.

Name			
Any Other Names Used			
Mailing Address			
City		State	Zip Code
County	Home Telephone		Work Telephone
Social Security #			Date of Birth



PRINTED ON RECYCLED PAPER

OFFICE PHONE: (207)624-8626

(888) 577-6690 (TTY/HEARING IMPAIRED)
OFFICES LOCATED AT: 122 NORTHERN AVENUE,
GARDINER, MAINE

FAX: (207)624-8637

EDUCATION

List the names of all institutions attended, graduation date at each institution, major, and degree awarded (if applicable).

NAME OF SCHOOL	DATE GRADUATED	MAJOR	DEGREE AWARDED

EMPLOYMENT

Please list the name of your current employer and where you are seeking prospective employment.

NAME	ADDRESS & TELEPHONE NUMBER		
Current Employer	Address		
	City	State	Telephone Number
Prospective Employer	Address		
	City	State	Telephone Number

PLEASE ANSWER THE FOLLOWING QUESTIONS:

- Have you ever been licensed in another state or territory? ☐ Yes ☐ No
State: _____ License # _____
Date Issued: _____ Expiration Date: _____
- Has your application for examination or licensure been denied by any state governing the practice of speech-language pathology and/or audiology? ☐ Yes ☐ No
If yes, please attach an explanation.
- Has your license ever been suspended or revoked by any state? ☐ Yes ☐ No
If yes, please attach an explanation.

CRIMINAL HISTORY RECORDS CHECK PROCEDURE

Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration requires a criminal history records check as part of the application process for all applicants.

- Have you ever been or convicted of, or plead guilty to a crime? ☐ Yes ☐ No
If yes, please list date(s) and crime(s), and submit a copy of the court judgment(s).
- Have you ever been disciplined by ASHA (American Speech-Language Hearing Association) in a manner which resulted in the loss of your Certificate of Clinical Competency? ☐ Yes ☐ No

By my signature, I affirm that all information provided in connection with this application is true to the best of my knowledge and belief, with the understanding that any omissions, inaccuracies, or failure to make full disclosure may be deemed sufficient reason to suspend or recommend revocation of a license issued by the Department. I further authorize all law enforcement agencies and officials thereto to release to the Department any and all criminal history record information pertaining to myself.

Signature of Applicant

Date

SUPERVISORY PLAN

A letter from the supervising licensee should include:

- Employment setting
- Hours worked per week (ASHA requires 15-19 hours/week for 72 weeks; 20-24 hrs/wk for 60 wks; 25-29 hrs/wk for 48 wks; 30 and over (full time) for 36 wks)
- Duration of the clinical fellowship
- Number of supervisory activities to be completed and the method or type of supervision and monitoring activities
- Method of evaluation (Clinical Fellowship Skills Inventory)
- Intention to submit the completed Clinical Fellowship Report to the Board when change of status from temporary to permanent licensure is requested
- Supervisor's signature



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4170	1446	\$25		
4170	2619	\$15		

ANNE L. HEAD
DIRECTOR



AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

Name: (applicant fees being paid for)		
Mailing Address: (applicant fees being paid for)		
City:	State:	Zip Code:
County:		Telephone #: (____) _____ - _____
Name of cardholder: (if other than applicant)		
Mailing Address: (if other than applicant)		
City:	State:	Zip Code:

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

☐ Visa ☐ MasterCard _____
Card number

Expiration date: ____/____/____ in the amount of: \$ _____

Signature: _____ Date: ____/____/____



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